Vol. XIX, No. 3 Whole No. 165

The Journal of Sociologic Medicine

Continuing the Bulletin of the

American Academy of Medicine

JUNE, 1918

CONTENTS:

I.—Editorials:

Ne Sutor Ultra Crepidam 149

Civilization and the Diseases of Adult Life . . . 151

II.—Contributed Articles:

Civilization and Disease—The Diseases of Middle Life. By Harlow Brooks, M.D., New York City 159

When the Social Worker Contracts a Contagious Disease. By Judith Solis-Cohen and Florence E. Mayer, Phila., Pa. 167

III.—Sixth Conference of Industrial Physicians and Surgeons . . 173

IV.—The Child 176

V.—War Problems 194

VI.—From the Field 198

VII.—Notes and Notices 200

VIII.—Literature Notes 200

IX.—Acknowledgments 203

LIBRARY OCT - 4 2001 UNIVERSITY OF TORONTO

Publisht Bi-monthly by the American Academy of Medicine, Office of Publication, 52 N. Fourth Street, Easton, Pa.

Editorial Office, 1101 Westinghouse Bldg., Pittsburgh, Pa.

Annual Subscription, $3.00

Entered at the Post Office at Easton, Penna., as Second-class Matter

ESCHENBACH PRINTING COMPANY, EASTON, PA.

THE PROPERTY OF THE ACADEMY OF MEDICINE 13 QUEEN ST.

MEDICO-SOCIAL PROBLEMS LIBRARY

I. Prevention of Infant Mortality (out of print).

II. Conservation of School Children. Cloth, post-paid, five dollars.

III. Medical Problems of Immigration. Cloth, post-paid, four dollars.

IV. Physical Bases of Crime. Cloth, post-paid, four dollars.

V. Industrial Medicine. Cloth, post-paid, three dollars.

VI. Medicine an Aid to Commerce. Cloth, post-paid, three dollars.

VII. Medical Problems of Legislation. Cloth, post-paid, five dollars.

The above volumes may be had thru the business office of the American Academy of Medicine, 52 North Fourth Street, Easton, Pa. Draw all checks to the order of the American Academy of Medicine.

The Journal
OF
Sociologic Medicine

Continuing the Bulletin of the American Academy of Medicine

Publisht Bi-monthly by the American Academy of Medicine, Easton, Pa.

VOL. XIX. ISSUED JUNE, 1918. NO. 3.

THE AMERICAN ACADEMY OF MEDICINE is not responsible for the sentiments exprest in any paper or article publisht in the JOURNAL. While the Editorial Management prefers to follow the suggestions of the Simplified Spelling Board, as it is empowered by vote of Council to do, the wishes of the authors in connection with the orthografy of individual papers are respected.

"NE SUTOR ULTRA CREPIDAM."

This rebuke of the famous painter acknowledges by implication at least that the Athenian Cobbler was an expert on shoes and, concerning these articles, his opinion was well worth heeding; which goes to show that the artist was a great man as well as a skillful painter. While the cobbler, puffed up with the success of his criticism on shoes, belongs to the vast majority of mankind in estimating his opinion on subjects beyond his own special field to be of greater value than that of an expert. Ordinary humanity if clothed with authority is apt to copy the cobbler; according to his crude knowledge greater value than the opinion of the trained expert. Perhaps no where has this general statement been illustrated more fully than in the treatment of the medical man in the army. The decimation of our soldiers in the training camps during the war with Spain is sufficiently fresh in our mind to serve as illustration while the Russo-Japanese war serves to show a condition in sharp contrast.

The reason why there should be so markt a difference in the disability from sickness in the two campaigns was eagerly sought after. It was soon found that a Japanese Line Officer was content to keep to his last. It was thot that the lesson learned from

this experience would be lasting. That it was of benefit was shown by the comparatively slight sick list when our troops were on the Mexican border; but the conditions in some of our cantonments and camps as shown both by the morbidity and mortality returns to the army, and by congressional investigations, show conclusively that there still remains some who do not heed the exhortation but imitate the cobbler of old. Unfortunately, being in authority, these opinions guide the conduct with baneful results. It seems that the only remedy to prevent this is a legislative one, restricting the cobbler to his last. In other words, so to give increast rank and responsibility to the Medical Department that its decision will be final in regard to questions of hygiene and hospital, or if not universally, at least as far as permanent camps and hospitals are concerned. This is necessary because unfortunately the disciple of the Cobbler has not the breadth of view of the Artist and having thus a tendency to narrowmindedness, is apt to be ultra conservative and tenaciously clings to the conditions that are; all the more in consequence of this condition should he be checkt. Congress is the sole power that can change this condition. Congress does not always take the initiative; it frequently waits to hear from home. It is the duty of everyone concerned in the physical welfare of our boys in khaki to stir up the pure minds of their congressmen by way of remembrance to bring about conditions which will insure the sanitary care of the American Soldier, bestowing as least as much care as is given by the Japanese to its army.

CIVILIZATION AND THE DISEASES OF ADULT LIFE.[1]

By Edward O. Otis, M.D., Boston.

Probably no two persons would give the same definition of civilization. It is "at best," as someone has said, "one of those fantom generalizations which the mind is forced to employ." One person would define it ideally as an elevation of social and individual life, a state of refinement and enlightenment; another would base his definition upon the degree of civic organization, upon the liberty, law and order under which a people live; while a third would consider the material development of a country as indicativ of its stage of civilization; and a fourth would stress intellectual attainment.

Again, civilization may be viewed from the standpoint of historic age periods, as the Egyptian, Roman, Jewish, or modern civilization, that with which we have to deal in our present discussion.

That either material or intellectual development really civilizes is negatived by what is now going on before our eyes. We see a people highly developt in these two directions exhibiting, in their methods of warfare, almost every form of extreme barbarism. Nay! barbarism enhanced by the very culture they boast of.

It looks as if our idea of civilization must be materially reconstructed if we are to permanently exist upon the face of the earth.

Our modern civilization, like all which have gone before it, has apparently been weighed and found wanting, and when not engaged in destructiv wars and industrial methods which more slowly but just as surely lead to untimely disease and death, it seems likely to verify Kay Robinson's profecy as regards those who remain, that they will be "toothless, bald, toeless creatures with flaccid muscles and limbs almost incapable of locomotion." Compare such a sorry product of modern civilization with an uncivilized North American Indian!

"We find ourselves to-day," says Edward Carpenter, "in the

[1] Read at the Forty-second Annual Meeting of the American Academy of Medicine, New York City, June 4, 1917.

midst of a somewhat peculiar state of society which we call civilization but which even to the most optimistic among us does not seem altogether desirable. Some of us, indeed, are inclined to think that it is a kind of disease which various races of men have to pass thru as children pass thru measles or whooping cough."

My especial subject deals with the effect of this kind of civilization, so-called modern civilization, upon adult life which may be considered to be the period from 18 to 35 or 40 years of age. What are the diseases peculiar to this age period more or less attributable to the influences of modern social and industrial conditions? This is an age of intense living and endeavor; an age of daring venture, of unlimited ambition for accomplishment, physical or intellectual, an age of lavish expenditure of one's forces, both by the individual and the exploiter of labor; an age when one's passions are most insistent, when social demands are great. It is the age of child bearing, with all its risks. It is the age, in brief, which thinks little of conservation of health and the avoidance of disease; an age prodigal of its forces which seem to it to be imperishable and perennially renewed.

Of course, it is hardly necessary to say that this period of life is not immune from any of the diseases which may happen to man, tho as a rule it is exempt from those we call the degenerativ diseases, which generally occur later in life. It is the diseases or damages most commonly met with in this age period which may be fairly attributable to the evils and untoward influence of modern civilization with which my especial subject deals.

First: There are the so-called occupational diseases, produced by injurious influences or poisons occurring in one's occupation, such as lead-poisoning and poisoning from various gases, diseases caused by dust of various kinds, as in grinding, stone-cutting, cotton and shoe manufacture, etc.; occupational neuroses from over-fatigue, whatever the kind of work. It is at this age period when one is careless of his health and at his maximum strength and efficiency that these occupational diseases are most frequent, and the loss to the individual, to his family, and to the community is very great in consequence.

In recent years this subject of occupational diseases has been exhaustively studied and much has been done to obviate the avoidable risks in many occupations, both thru private effort and public legislation: for example, there has lately been establisht at the Massachusetts General Hospital an "Industrial Clinic" with a salaried physician and secretary, which deals solely with the diseases which may be considered to have been caused by the hazards of the patient's occupation. It is obvious, however, that so long as the public demands the innumerable and varied articles which it considers necessary accompaniments of present-day civilization, from the green flowers upon a woman's hat to a finely cut tombstone, many occupations which produce these articles must, from the nature of the occupation, be conducted under unwholesome conditions. It is the price we pay for this kind of civilization. We are scrapping to an enormous extent men and women of adult life as the result of occupational diseases.

A second disease which is more prevalent at this age period than at any other is tuberculosis. You are all familiar with the world-wide efforts now being made to control it. The majority of cases, it is now believed, receive their infection in childhood, and later, if activ tuberculosis occurs, it is so often due to untoward conditions of living and work which arouse into activity the old latent childhood infection. In other words, it is from conditions caused by present-day civilization that a favorable soil is prepared for the tuberculous crop. Hence, the manifold efforts to procure for the wage earner better and healthier conditions of working, better housing, a living wage, the avoidance of all debilitating conditions and excesses which lower the resistance, and earlier diagnosis and treatment. What has been already accomplisht in these directions is familiar to all, and the gradual diminution of the disease may be ascribed quite as much to the general improvement of health conditions as to the attempts to control the infection itself, which seems almost a hopeless task. In spite of all that has been done in combating tuberculosis it still remains one of the most prevalent diseases of this age period.

Another disease pre-eminently one of this period is venereal, its two manifestations of gonorrhea and syphilis. Recent investigations and statistics have demonstrated the wide prevalence of these menacing diseases, inflicting upon both the sinner and the innocent victim so much misery. Commissions in this country and abroad are activ in investigating the conditions which favor its spread and in plans for its control and proper treatment. Notification, as in the case of tuberculosis, has been proposed and indeed instituted, I believe, in some communities. More and better opportunities for treatment have been afforded. Profylactic measures have been widely taught; all indicating the desire of modern civilization to mitigate the terrible evils of this disease, while at the same time it is continually affording conditions for its incidence and spread. It is like the saloon and the dipsomanic hospital. It is the Sisyphean tragedy over again.

The sexual instinct, one of the strongest in man, cannot with safety be prest or in so many cases be controlled either by law or religion, and hence the hope of reasonably early marriage seems to be to me the fundamental and natural remedy for the venereal evil. In the early days of our country when life was simple and one's wants comparatively few, marriage was regarded as the natural and inevitable course for young adults; Colonial history tells us that but few past the age of 25 or 26 without being married. The young couple carried on the struggle for existence together, each making his or her contribution to the common life. Many children were born and were not considered an additional burden but a valuable asset in increasing the family possibilities of making a living. Birth control was not preacht or thought of.

Now all is changed. The young man with aspirations to get on, not born with a silver spoon in his mouth, thinks he must defer marriage until he becomes establisht in a remunerativ position or acquires property, and the young woman too often looks for a partner who can support her, not for one with whom she can co-operate in gaining a living. Hence the number of unmarried men and women or late marriages.

Not all young men are St. Anthonys and some women are of

easy virtue; hence with the prospect of marriage only in the dim future the temptation to sexual lapses at the period when the sexual instinct is most insistent and persistent, is very great and with some irresistible. As one of the inevitable consequences of this condition of modern civilization is venereal disease.

Many and manifold are the efforts to control it: Sex-education, sex-lectures to college students, moral inculcations, religion, special dispensaries and hospitals, profylactic methods, notification and salvarsan. It is to be hoped that much will be accomplisht by these various methods in reducing the prevalence of venereal diseases, but I cannot help believing that early marriage is the fundamental remedy, and this the present-day civilization, at least with the better educated class, to a large degree denies. One is reminded of the fable of the road along the edge of a cliff, over which so many fell as they rode along, that a meeting of citizens was called to raise funds for the purchase of an ambulance in which to convey the victims to the hospital. While discussing the ways and means some one mildly suggested that they put up a fence along the dangerous road and then there would be no need of an ambulance.

Another evil of this age which sooner or later leads to disease, is the use and abuse of alcohol. With some, disease from this cause comes early, while with others the reckoning is deferred until middle life or later. Besides various definit diseased conditions induced by the constant use of alcohol, we have mental and physical deterioration, a weakening of will power, and hence a ready yielding to other injurious influences, a lowering of one's normal resistance to infectious diseases, such as pneumonia and tuberculosis. As someone has said, "Alcohol makes the bed of the consumptiv." There needs no argument to show that alcohol, used as it is and will be used, if attainable, by great numbers of average people, brings evil results and disease upon themselves and harm to the community. Recent investigations have shown, for example, that instead of being a mental stimulant it is a deterrent to clear thinking. The efforts of civilization to rid itself of the alcohol evil have greatly increast in late years all over the world, as we know, and it now seems highly probable

that in no distant future we shall have a "bone-dry" country as now we have not a few "bone-dry" states. The demands of the present war for physical and mental efficiency have done much towards eliminating this, one of the greatest menaces to this age period.

Again, this period of adult life, as I have said, is the child-bearing period, a function which, with the normal woman, is a perfectly fysiologic one. The conditions of modern civilization, however, have made it with the so-calld higher class of women, one of such stress and strain that it has become more pathologic than fysiologic, and many chronic conditions and often prolonged invalidism results. Indeed, confinement itself has, with not a few, become such a dreaded ordeal that twilight sleep or even Caesarian Section has become popular in order to escape parturition pains, which ought and could be perfectly well borne by the normal woman. With some this dread is so great that means are sought to prevent conception or render it inoperativ. The so-calld social demands of city life are so strenuous in present-day civilization that the woman who marries after a wearying round of such life has little vigor left for the demands of child-bearing or inclination to pursue it further than the first child or two. The result is inevitable—the steady and rapid destruction of that portion of our race which calls itself the most highly civilized. The census of the older American families shows this only too plainly. Surely no birth control propaganda is needed for this class of women. Professor Cattell, in a recent number of the "Scientific Monthly" upon the "Families of American Men of Science," tells us that a scientific man has on the average about seven-tenths of an adult son, a Harvard graduate three-fourths of a son, and a Vassar graduate one-half a daughter. If this is the result of civilization and culture, is it worth the price?—if we are to eliminate poverty and disease among the poor and have "happier homes, healthier children, better men and women, a stronger nation and a nobler race" as the birth controllist tells us will result from their remedy, I believe we should seek the true remedy not in birth control, but in a living wage, a juster distribution of wealth, education, frugal habits

of living, less individualism and greater community responsibility.

This is an age of intensiv living. The demands of its civilization are greater than poor human nature, even in all its vigor of adult life, can satisfy without present or future damage. Indoor life, in office or factory, fierce competition in professional or business life, social exactions in city life, insufficient rest and sleep, lack of time for physical exercise and mental diversion, monotonous work which makes of millions beasts of burden,—these and many other abnormal influences make such strenuous demands upon one's vital energy that many fall by the way before middle life is reacht to enter it permanently disabled. How many young old men we now see!

There is also the class of the idle rich and those who have no steady occupation or definit aim in life, who are an excrescence of modern civilization and who are ready victims of many evil conditions or diseases engendered by their mode of life. This seems to be particularly true with women of this class at this age period, and hence the common disease or condition we call neurasthenia, a pathetic state, rendering its victims miserable in body and mind and making havoc with the equanimity of the family.

Finally. Altho modern civilization, as we have seen, has much to answer for in the evils and diseases it inflicts upon adult life, it also has much to its credit. Not many years ago typhoid fever, for example, would have held a prominent place in the diseases of adult life. Now, however, it is almost negligible in comparison with its former prevalence, thanks to a more rigid milk inspection, a purer water supply, better sanitation and anti-typhoid vaccination. Diphtheria, again, has lost its terror thru its anti-toxin, and surgery is now preserving many adult lives from an untimely death from appendicitis, and so with many other formerly prevalent diseases.

Three years ago we were congratulating ourselves upon these and many other advances in the prevention of disease, and upon the general progress in social uplift. The average life limit was increasing. Our International Scientific Congresses seemed to

strengthen the ties of universal brotherhood. We were all engaged in the peaceful and beneficent work of eliminating the evils of modern civilization and developing a vigorous adult life. We contemplated with satisfaction the high achievement of laborious centuries in the prevention of disease, and we thought we saw the distant gleam of that day which the great profet predicted in his beautiful imagery when "the wolf also shall dwell with the lamb, and the leopard shall lie down with the kid and the calf and young lion and fatling together; and a little child shall lead them." Then suddenly the thin wall of civilization seemed to burst asunder and let loose the immeasurable fury of a brutality masqueraded in the garb of culture. And now it seems almost farcical to be discussing the diseases and danger of adult life when it is being wantonly destroyed faster and more cruelly than was human life by the Great Plague of the Middle Ages. When one considers this vast cataclysmic collapse of our modern civilization, with the loss of so much which had been achieved thru long years of painful effort and the best of young manhood daily sacrificed in hecatombs, one is inclined to agree with Edward Carpenter that "civilization is but a disease whose cure we still have to seek;" or with Dr. Eastman, of Indian birth, whose experience covers the whole range of civilization, that "behind the material and intellectual splendor of our civilization, primitiv savagery and cruelty and lust hold sway undiminished."

381 Beacon St., Boston.

CIVILIZATION AND DISEASE—THE DISEASES OF MIDDLE LIFE.[1]

By HARLOW BROOKS, M.D., Professor of Clinical Medicine, New York University, New York.

It is a little difficult at this particular time to define just what one is to understand by the term Civilization and in a way many of us feel that the use of the word now obligates some sort of an apology; however, taken in its relation to disease, this frank admission of shaken faith seems to obviate any customary explanation. Not in this relation alone, but in many others also, it seems as though the methods and life of those whom, in the past, we have chosen to call uncivilized have advantages. This is especially so when the brutalities and bestialities of man of to-day exceed those of the so-called uncivilized man or, as Mark Twain has so caustically pointed out in his posthumous work, excel even those of the beasts. There appears no longer necessity for the question of whether in many ways we have not deteriorated rather than improved as we have gone on in our supposed evolution.

Hrdlicka has shown that at least among the Southwestern tribes of the Red Indian, longevity and health are much more commonplace than among ourselves, and La Fleische has well remarked that in his recent struggle for health the white man has been forced to learn the customs and imitate the life of the Red Man who, in turn, has been forced by legislation and by religion to abandon the very customs which gave him health, longevity and morality, methods which some of us are now wisely learning to imitate.

Middle life may be looked upon as the proving period, from a health standpoint, of the soundness or otherwise of the methods of the earlier life. In youth and early adolescence, inherent, congenital force and stamina may carry on to tolerable activity; in old age, deterioriation and abatement of physical and mental force are as natural as are the habits of infancy. It is

[1] Read at the Forty-second Annual Meeting of the American Academy of Medicine, New York City, June 4, 1917.

then in middle life, when the quality and quantity of productiveness should be at their maximum, that our truest test of life methods appears. There be indeed few who as Stradivarius, at 93, can still produce the acme of art and soul and it is the middle period which only gives forth the matured and characteristic of most lives. It, then, is the time of life for which all anterior periods are preparatory and which should be succeeded by the time of reward and laurels—old age.

It behooves us, then, to particularly consider the effects of civilization on middle life and especially in its relation to disease, since this should be the period when a man should be of greatest economic and spiritual use to his country and to his kind. Conditions which, no matter how beneficial they may be to early adult life, hamper the middle period, are harmful in those most fruitful years when judgment and experience should be still combined with force and virility.

Civilization has in its development evolved specialization. A man is no longer his own farmer, physician, plumber and preacher. Success in the material world has obligated a specialized life. The successful physician or scientist has no longer time to do the physical things of his life, to work in his own garden, make his own apparatus, to care for his horse, or even to change his own tires. Those in mental occupations have now become largely unable to attend to even their personal physical demands and the sedentary brain worker has become constipated and the physical worker in his middle age has become a deteriorating mass of bone and muscle, often activated by only selfish, jealous, unpatriotic motives, dominated mentally perhaps by the demagogue or parlor anarchist.

Probably in no other field of medicine has the penalty of civilization exacted longer and more severe penalty on middle age than in the realm of cardiovascular disease. Arteriosclerosis, other than the naturally senile type, even to-day, among those tribes of men living under relatively elected conditions, is rare. Study of the diseases of primitive man, at least in this country, has shown that cardiac or vascular death was infrequent and even the most intelligent tribes had but little knowledge of diseases

of this character. Early mental deterioration and insanity were so unusual among the Indians that persons afflicted with these calamities were and are looked upon as special and unusual manifestations of the divine wrath. They are the commonplaces of our time and kind. Undoubtedly cardiovascular disease, together with its closely associated renal disturbances, has greatly increased as the customs of civilization have developed and these are the dominant disease conditions of present-day middle life.

In so short a time as is allotted to the consideration of this subject to-day, it is of course impossible to enter intimately into the discussion of the why and wherefore of this acknowledged fact, but in brief it may be considered as mostly due to the conditions of mental worry and strain, with their consequent elevation of blood pressure, which the conditions of modern life impose. Lack of balanced or correlated physical exercise is also an undoubted factor in this relation, for it is very doubtful if, when the results of dissipation are eliminated, hypertensive conditions develop in lives typified chiefly by physical output.

Insufficient and irregular sleep are also undoubted factors of great importance in the evolution of those disease conditions which develop peculiarly in middle life. It is more probable that it is the insufficience rather than the irregularity of the sleep which is chiefly responsible, for the hunter, or warrior, seems to have suffered but little from irregular rest, which was as insistent a factor in his life as the attending of medical societies is in ours.

We have probably generally underestimated the importance of recreation in the prevention of the hypertensive and degenerative disturbances of the vascular and renal system in middle life. Unfortunately with us most of those engaged in lives of great mental activity also take their pleasures in a mental way, they study or read perhaps other subjects, but always with the same type and direction of energy dispersion, using even in rest the same overworked mechanism. True, many of us are learning to imitate the Red Man and go to the hills and streams for our pleasures, and the hill man comes to the cities to hear our music and to read our books and to go to our colleges while we go to sit at the camp fire of this or that man who lives close to nature.

Burroughs, Thoreau, Jim Simpson and Tom Buffalo teach and effectively treat us.

Another type of disease which also becomes a very serious element in middle life and which seems to be dependent for its predisposing essentials in great measure on the customs of civilization, is the disturbances of the respiratory tract. The chronic conditions of the cities and of the dusty occupations, the emphysema of the gouty and the subjects of most occupational disease, first become aware of serious import during middle age. The tuberculosis contracted in the class room or the sweatshop or in the compact community of prison, may not become seriously disqualifying until this age. These are, of course, typically the diseases of civilization, conditions which history shows us beyond doubt were infrequent, almost unknown in primitive man. Anthropological authority states that with the primitive Americans, these diseases were unknown. However, following the observation first made by Darwin (Voyage of the Beagle) that when any infection is introduced to a primitive and utterly unaccustomed people it rages for a time with terrific vigor, thus tuberculosis has prevailed among the reservation Indians and syphilis among the Christianized islanders of the Pacific. It is interesting to note that for our really basic principals of treatment of these conditions we have mostly reverted to the life environment of that man who, in our superiority of civilization, indexed by the Zeppelin and U-boat, we have called the savage.

Pneumonia, which assumes its most serious and grave aspects in middle or late life, is a disease of civilization. We are lately almost of the opinion that this disease, which always has been one of communities, is a transmissible infection or perhaps contagion. In our prophylaxis and, even in our more sensible hygienic treatment, by the open air method, we have reverted again to the habits of our red progenitors.

The numerous disorders of the digestion usually become most annoying, if not most insistent, during the period allotted to me. The man who hitherto has been able to go to public dinners indiscriminately, who has over-nourished himself with rich and unnecessary foods, now becomes interested in diets, in calories,

in pepsin, the antacids and in various food fads that he may undo the harm which the dietetic customs or temptations of civilization have offered him. When one enters closely into the analysis of most of these cases of dietetic disturbances, one finds that the elemental flaw is in the taking of too rich a diet, if not as a whole in actual calories, then in certain parts of the diet and notably in the nitrogen elements. It is, of course, foolish to think that any one diet can be fitted to all classes of men, for instance that the food of a soldier or sailor is that suitable for the student or artist. The food must be adapted to the energy needs of the habits, habitat and occupation of the patient. In civilized youth and early adult life the taste of the patient, together with his opportunities, chiefly determine; in savagery it is necessity and obligation. But in middle life a more careful study is demanded and, say what we will, it becomes in the end a study in individualism, since neither two persons or horses demand the very same diet in quality or quantity.

In most cases when dietetic changes for one or another reason are difficult or impossible, the same result may often be encompassed by changes in the other factors of life. The sedentary man finds that he can comfortably take an ordinary diet when he favors combustion by adequate and suitable physical effort. The trainer or soldier of middle life finds that he can manage his customary diet by more physical inactivity, by a short period of rest after eating as the sensible animals do, or by a more sensible spacing of his meals.

Middle life is notably the period in which the diseases of metabolism develop or become most manifest. It is then that diabetes becomes most frequent in occurrence, though of course by no means so serious in its fatalities as when it develops in earlier life. Let us see to what extent the habits of civilization contribute to the disorders of this character, obesity, hyperacidity and the large group of hepatic disorders. Nearly all these conditions entail, as a primary essential, in their treatment, two factors, change or elimination in diet, increase or alteration in exercise. In nearly every concrete instance even, you will note that the alteration is in a direction harking back nearer to the customs of our ances-

tors. The native who secured his sugar mixed with much cellulose or other form of vegetable pulp, as from cane or from the sap of maple or box elder or from the juice of natural fruits, suffered little from strain of his sugar tolerance and the man whose meat supply was contingent on a climb to the haunts of the big horn or a brisk gallop on an unsaddled pony in the buffalo drive, did not contract gout. The tribes whose starchy foods must be carefully and laboriously collected from the fields of wild rice and stored up for the winter or he whose fats were won with bow and arrow, have not suffered from hyperacidity. The Esquimo, who must struggle and scrimp for every ounce of his essential fat, has not required the service of Oertel or Von Noorden. All of this protean class of diseases are essentially the result of the customs which civilization compels or invites. Their cure lies in practically a reversion to the conditions of uncivilization as we still speak of it.

Middle age is the period of carcinoma. It is of course most difficult to judge statistically of a subject so dependent for accurate diagnosis on methods which involve to so high a degree the detail of modern science; however, if we may be permitted to judge from the general lack of study and description of the neoplasms by the ancients, we must conclude either that the conditions were rare in olden times, certainly more so than now, or that the scientists and physicians of that date failed to observe them. This would seem unlikely when we consider the accuracy and astuteness with which many of the disease conditions were described by our medical ancestors.

Study of wild animals born and living under natural environment indicates the exceeding rarity of neoplasms among them as compared to impure species or those which have undergone at least semi-domestication, as has the dog, the horse, the white rat and mouse or our pet birds, especially canaries and parrots, among which neoplasms are frequent. It is the universal remark of those who have lived with, or extensively studied, the primitive and pure races that neoplasms are but little known among them, notably so if we exclude the granulomata. It is of course altogether too sweeping a statement for so little premises to conclude

that therefore civilization is a potent factor in the evolution of neoplasms, but it certainly is a fact that uncivilization is exceedingly infrequently associated with new growths.

If the primitive man, the index of uncivilization, suffered from neurasthenia, I feel that we should have known of it for I do not think that there is a single other class of unfortunates so unpopular with their kind and particularly with their medical advisors. Hysteria is and was very frequent with the Red Indian living under natural conditions, but the female has ever been expected to treat us to the unexplicable and the unexpected, but in so far as I have been able to learn the neurasthenic is definitely a product of civilization. This charge alone seems almost enough to cause every medical man to convict civilization without further trial.

Certainly if neurasthenia be chiefly or entirely dependent in its etiology on the customs and obligations of civilized life, its cure is quite definitely a return to the simple life and especially such a one as involves duties and work of a decidedly primitive type.

As a clinician I should not think my time well spent in such a study as this did I not feel that it presented much which can be well utilized in the prevention or mitigation of disease and as a contribution to happiness and the real welfare of man. I bespeak a return in many ways to uncivilization so that we of middle life may live long in the land which the Lord our God giveth us. Incidentally that we may turn out as much or even more work of higher and more original character.

The key-note is in the living of better balanced and less specialized lives. The artist must again be in part artisan, the thinker also workman. Few sculptors now actually hew and chisel the marble, that is done by workmen in marble, yet Michael Angelo, soldier, musician, engineer, sculptor and painter, shaped his own immortals and is still rated a good artist. We have delicate machinery and perfected tools, beside the crude implements of Amati and Guadinini, we think that the science of acoustics is comprehended by us and yet the vibrations of the souls which the artisan Stradivarius shaped in his fiddles still thrill the world and he and his Cremonese colleagues yet have no equals.

Years ago, when Columbus was a puling infant, the Duke of York, said to be the same kindly and quite modern gentleman who preceded the army of the king with the head of his uncle on a pike, wrote a description of rabies which, aside from the vaccination treatment, has left little for civilized science to discover or originally describe.

But we of civilization are learning. I doubt if there be a really good trout stream in America which is not known to some clergyman, doctor or professor. A great surgeon has become a nut culturist. The banker and broker have their weekly day on the golf course. We are studying our diet and our exercise. We are finding that the greatest in any art, craft or science is often achieved by a balanced life, of mingled physical and mental effort, by a sparing and individually studied diet, that is, by a balanced life seamed and savored with a vein of diversion and relaxation, which are as essential to a healthy and productive middle life as salt and water to our diet. When we have fully comprehended that much of civilization is disorganizing and much of savagery elevating and healthful, we shall have prolonged middle life and freed it in large part of many of its most serious disease conditions. We shall have also extended and improved our usefulness and originality.

WHEN THE SOCIAL WORKER CONTRACTS A CONTAGIOUS DISEASE.

By Judith Solis-Cohen and Florence Elizabeth Mayer.

Judith Solis-Cohen, Philadelphia, Pa.; Author "Little Americans at Neighborhood House;" Member Author's League of America, Etc.

Florence Elizabeth Mayer, Superintendent Day Nursery, The Lighthouse, Philadelphia, Pa.

The ambulance of the City Hospital for Infectious Diseases drove up to the Settlement House. The white-coated doctor rang the bell, entered the building and knocked at the door of my room. A wave of surprise swept over his face when he saw me

"I thought you were a baby!" he burst forth.

"She's a pretty big baby, isn't she?" smiled the Head Worker, who was seeing me off.

"I was going to hold her in my lap, on the front seat," apologized the doctor. "We have a case of spinal meningitis in the ambulance."

I shuddered! The prospect of going into the wards of the City Hospital, because a private room and special nurse at fifty dollars a week were beyond my means, was unnerving me. This last straw, this dread of contracting spinal meningitis in the ambulance, seemed more than I could bear.

"Come," directed the doctor.

I took up my suitcase, and followed him down the stairs and into the street. I did not feel a bit sick, even though I had measles and was being sent to the Public Pest House.

"Sit with the driver," commanded the doctor.

I climbed into the front seat and the doctor rejoined the sick baby in the body of the ambulance.

The driver edged away from me. "It's the first time that a person with a contagious disease ever sat beside me!" he grumbled.

He made me feel like a leper!

When we reached the hospital, I took up my suitcase and followed the doctor, who was carrying the baby. "You go in there," he motioned, pointing to an open door.

I entered a small room with two beds, one of which was occupied. I was the second case of German measles in the hospital. Two patients could not fill a ward so they put us in a semi-private room. German measles had to be isolated.

I no sooner got into bed when a nurse approached me. "You can't wear your own nightgown," she ordered. "Take it off and put on this."

I removed my soft nainsook gown and replaced it with a harsh, unironed garment of unbleached muslin, twenty times too big for me.

The nurse bundled under her arm my hat, suit and underclothing. She dived into my suitcase, and removed everything from it. Later on, in a side pocket of the suitcase that she fortunately happened to overlook, I found the tiny gold purse in which I had put the money lent me that morning by my Head Worker. My own money was in the bank. In the hurry of leaving there had been no time to have a check cashed.

The clatter of dishes in the corridor notified me that it was supper time. Into the room, bearing my tray in her hands, came the most repulsive figure of a woman I have ever seen. The carpet slippers down at the heels, the slouchy calico wrapper, the mussy gingham apron, the foul odor of her person, sickened me. She had only one eye. I pulled the sheet over my head. Though sorry for her deformity, I could not bear to look at her. I learned later that she was a convalescent patient of the General City Hospital, pressed into service as a ward maid in the Contagious Hospital.

When she finally left the room, I uncovered my head and looked at my supper. On a napkinless tray, grimed with filth around the edges, was an aluminum cup of skimmed milk, a thick chunk of grayish bread and a butter plate of oleomargerine. The bread, which had been baked by prisoners in the county jail, saved the Hospital the expense of employing bakers. I could not eat a bite!

The next day the doctor scolded me, and said I must eat to keep up my strength. I asked for crackers, but they were too musty to swallow; I sent for an egg, but it was stale; I tried oat-

meal, but I could not get it down. The first three days I lived on the blue skimmed milk with its horrid taste. The rest of the time, thanks to my little gold purse, I existed on oranges and cocoa that I bribed the attendants to bring to me.

The fourth day the nurse told me I would have to use the public toilet, which could be reached only by going through the men's ward. "Then let me get dressed," I begged. "You can't get dressed. Go as you are," she ordered. "This hospital gown comes only to my knees, my kimona is transparent. I can't go through the men's ward like this," I moaned. "You've got to!" snapped the nurse, and departed.

So, holding my kimona around me in shamed despair, I walked with flaming cheeks past all those men. But the worst was yet to come! When I reached my destination, I could not enter. Used by men, women, and children, its condition was unspeakable. I set my teeth, I clenched my hands, I felt the most abused person in the world!

On returning to my room, my self-control broke down. I forgot the dignity of my twenty-two years. Sobbing like a baby, I wrote to my mother in a distant town and said I was coming home. I had not been home for two years. Mother had not dreamed I could stick to work in this great city for two unbroken years.

Ten days in the wards of the City Hospital for Infectious Diseases broke down my pluck. And when they released me, I did go home.

The social worker is not alone in a predicament when overtaken by measles, diphtheria or scarlet fever. All persons living away from home in boarding houses—students, teachers, journalists, business men and women—unless able to afford fifty dollars a week and upwards, have to go in the wards of a City Hospital if they contract a contagious disease. There is no accommodation, except for the very rich and the very poor, in Hospitals for Contagious Diseases. True, in the hospital where the social worker was a patient, a private room can be had for fifteen dollars a week, but to this must be added the salary of a special nurse and her board, which brings the total expense up

to fifty dollars a week. The room and the special nurse go together. If you cannot afford a special nurse, you have to do without the private room.

A prominent physician, an expert in contagious diseases and a member of the American Hospital Association, when asked if any Contagious Hospital in the United States provides private patients with a cheap room, or a semi-private room, without a special nurse, said:

"I do not know of any hospital for contagious diseases in the country in which private patients are received upon the conditions mentioned. In so far as I know, all private room accommodations are first-class, and include room and special nurse for each private case."

The situation is less desperate with regard to diseases that are not contagious. Cases of grippe, pneumonia, typhoid fever, appendicitis and the like, are constantly receiving hospital care, in private rooms or semi-private rooms, without the services of a special nurse. Such patients are looked after by the pupil nurses on duty, without extra charge. A private room at approximately twenty-five dollars a week, or a semi-private one at about fifteen dollars, can be obtained in almost any general hospital in practically every city in the United States.

Since a private room at the unusually moderate sum of only fifteen dollars a week is procurable at some infectious hospitals, it is obvious that the main obstacle confronting contagious patients in moderate circumstances is not so much the want of a cheap hospital room, as the scarcity of pupil nurses to care for the room and its inmate free of charge.

Why is there a lack of pupil nurses in hospitals for contagious diseases? The answer is the regrettable fact that a trained nurse can receive her diploma and be officially registered without having ever seen a single case of any contagious disease whatever. She may assume the life-and-death responsibility, after finishing her hospital course, of nursing a private case of tuberculosis in the patient's own home, and be absolutely ignorant, so far as practical experience is concerned, of knowing how to protect the

patient's family from the infection. Her private patient may be the first case of consumption she has ever seen! True, she has received theoretical training from the lecture platform in the nursing of consumptives. But if three years of hard hospital experience are necessary to equip her for nursing pneumonia and typhoid fever, why should theoretical knowledge alone suffice for the care of consumption and infantile paralysis?

Some extremely up-to-date training schools recognize the fallacy of such an argument, and do not graduate their nurses without giving them some practical experience in contagious work. The hospital of a certain renowned University insists upon its nurses taking a course, before the award of their diploma, in its Tuberculosis Department. In a city famed for medical pre-eminence, the Training School of the General City Hospital requires its pupil nurses to spend a definite portion of their time in the City Hospital for Contagious Diseases. When all training schools for nurses adopt a similar course of action, no longer will there be in hospitals for contagious diseases a dearth of pupil nurses.

At the present time the nursing force of the majority of hospitals for contagious diseases is composed exclusively of trained nurses, owning diplomas, who are taking up contagious work as a post-graduate course. In view of their increased efficiency, it is not unusual for them to receive, in private contagious nursing, the sum of thirty-five dollars a week instead of the customary twenty-five. They have specialized in their profession, and their services have risen correspondingly in value.

It is a common procedure, in certain phases of nursing, for pupil nurses to supplement the training in their own institution by an outside course in a specialized hospital. For instance, many general hospitals, not receiving maternity cases, send their nurses for training in this service to other hospitals, sometimes in another city. This is not optional, but obligatory, since it is against the law for hospitals to graduate nurses without giving them practical training in maternity work.

As general hospitals are not allowed to receive contagious cases,

the average registered trained nurse has no practical knowledge of contagious diseases, and is absolutely inexperienced in regard to the specialized nursing that they require. Just so long as these conditions are allowed to exist will there be in contagious hospitals a dearth of pupil nurses. When outraged public opinion demands the adoption of a reform, and claims for the contagious patient the same skilled nursing accorded the expectant mother, legislators may pass a law compelling hospital training schools to incorporate in their curriculum a course of practical nursing in contagious diseases.

SIXTH CONFERENCE OF INDUSTRIAL PHYSICIANS AND SURGEONS.

The Sixth Conference of Industrial Physicians and Surgeons was held in the Hall of House of Representatives April 9, 1918, at Harrisburg, under the direction of the Pennsylvania Department of Labor and Industry, and the Second Meeting of the Pennsylvania Chapter of American Association of Industrial Physicians and Surgeons.

The meeting was largely attended and of the same high standard as the former meetings. Dr. Francis D. Patterson acted as Chairman.

Mr. L. R. Palmer, Acting Commissioner of the Department of Labor and Industry, assured the Conference that the Department was very much interested in the work of the Industrial Physicians and Surgeons and that the Department of Labor and Industry was anxious to aid them in all possible ways.

Mrs. Samuel Semple gave a most interesting discussion on "The Health to Women as the Result of the War Emergency." Mrs. Semple pointed out very forcibly the value of women in the industries; how they could be used to the best advantage of both the employee and employer, and asked that all employers of women in industry consider well the work and surroundings before asking women to replace men. She called attention to the fact of the ability of women to do certain phases of the work and if properly placed and supervised much good could be accomplished. She made a plea that women should not be placed in the heavier work, but that men should be released from light jobs and women given the preference in the jobs.

The remainder of the morning session was given over to a Symposium on Reconstruction and Rehabilitation.

Major Edward Martin and Major Joseph Bloodgood discussed the relation of the Industrial Surgeon and how he could best co-operate with the Government to win the war. They brought out the valuable work being done by the Industrial

Surgeons and pointed to the fact that they should be leaders of the Reconstruction and Rehabilitation work.

Major Martin made a plea for the Industrial Surgeons to report their results with the various antiseptics now in use and asked in particular for reports on the value of Di-Chloramine-T in the oily solution.

Dr. Loyal A. Shoudy, Chief Surgeon of the Bethlehem Steel Company, in his paper on "THE NATION'S NEGLECT—THE FAILURE TO RECONSTRUCT AND REHABILITATE THE WOUNDED IN INDUSTRY," brought out the fact that a small number of Industrial Surgeons had been working on this idea for the past five or six years, but that it took a crisis such as the present to awaken the people to the necessity of the Rehabilitation and Reconstruction of the wounded. He suggested that the care of the wounded in industry should be a national problem and under National control; that all crippled workers should be reported and that a proper bureau should see that they were carefully trained and returned to the industry in such condition that they would no longer be a by-product, but they would be able to do their share in this world's work.

This paper was discussed by Dr. Francis D. Patterson, who raised great enthusiasm when he showed the relation of accidents and cripples and the possibility for reconstruction and rehabilitation in our own Pennsylvania. A general discussion followed.

Captain King, Division of Sanitation, United States Army, demonstrated by means of moving pictures the possibility of reconstruction and what could be accomplished by those unfortunate who lost hands, arms or legs. His pictures were very clear and convincing.

Major Edward Martin moved that the State of Pennsylvania appoint a committee of three (3) to investigate and report the possibilities of the reconstruction and rehabilitation of the wounded in industry at the next meeting of the Conference.

The afternoon session was on the present Compensation Law.

Dr. A. W. Colcord, of the Carnegie Steel Co., presented a very able paper on "Hernia, Its Causes and Relation to Compensation."

His paper was discussed by Dr. Charles A. Lauffer, of the Westinghouse Electric Company, East Pittsburgh, Penna.

The Compensation Law was discussed from the viewpoint of the physician by Dr. Frederick Van Sickle, who pointed out that while our law was not ideal, that so far as the first two years he was sure that it had proven a benefit to both the injured man and the doctor. He suggested that the period of direct compensation of physicians be extended to thirty (30) days and that the maximum terms be increased from seventy-five to two hundred dollars.

From the viewpoint of the Insurance Company, Mr. W. H. Hotchkiss, of New York City, agreed that the Pennsylvania Law was in many ways an excellent law, but that the fees allowed the physicians were much too small.

From the viewpoint of Industry, Mr. C. B. Auel, of Pittsburgh, suggested that a clearer definition should be put forth for the term "injury," and that the interpretation of the law should be made accordingly as the law is rendered and that every man with a backache, or "traumatic rheumatism," should not be compensated under the term "industrial accident."

He cited many cases which he thought should not be interpreted as industrial accidents and asked that a clearer line be drawn between real injury and so-called "imaginary industrial accident."

From the viewpoint of the Board, Mr. Mackey, Chairman of the Board, stated that he was of the opinion that a few changes could be made in the law which would work to the advantage of both the employer and employee. He asked that the Surgeons have patience with the law and also that they make their suggestions as to changes which affect the medical side of the law in such a manner that they could properly be incorporated at the first opportunity.

L. A. S.

MALNUTRITION AMONG SCHOOL CHILDREN.

A STUDY.

By the Public Health Committee of the New York Academy of Medicine.

1. Statement of the Problem.—The proper physiologic, mental, and moral development of children is one of the most vital concerns of the nation. Stunted physical growth retards the normal unfolding of facultative functions and is a danger signal to the body politic.

Malnutrition is one of the most potent factors hindering the normal course of a child's development. Although distinctly a pathologic entity, malnutrition is not a disease but a morbid physical condition. It may be symptomatic of definite systemic disease such as tuberculosis, cardiovascular or digestive disturbances or it may be the only evidence or result of defective metabolism or of complex and divers physiologic and environmental conditions.

Insanitary surroundings, improper habits of life, lack of sleep and unsuitable food, all oftentimes due solely to ignorance, may be responsible for just as much malnutrition as is caused by poverty and disease.

Whatever its causes, malnutrition is a social menace as it hampers the natural development of the functions of mind and body and predisposes its victims to permanent life handicap.

In so far as malnutrition is due to environmental causes it invariably lends itself to successful treatment. Every effort should be made to combat it among children. The prevention of malnutrition is a distinct public health function.

2. Statistics of Malnutrition.—Various studies have been made in an endeavor to gauge the prevalence of malnutrition. Some were based on the relation of weight and height of the children without reference to age; others took the age factor into

consideration; and still other estimates are based on purely symptomatic evidences without relation to weight. The various studies made in this country and in England indicate that on the average at least 10 per cent. of our boys and girls in the elementary and grammar schools show the well-recognized symptoms of malnutrition.

The following table, embodying the results of physical examinations of 2,169 children of England, outside of the City of London, shows that 16.3 per cent. of the children examined were found to be subnormal with regard to the state of their nutrition. The high percentage of malnutrition is the more striking since the larger proportion of the children examined came from rural districts where the standard of nutrition among children is, on the average, higher than in cities.

Local Education Authority.	Excellent.	Normal.	Below Normal.	Very Bad.
Counties.....	6,745—11.7%	45,176—78.7%	5,268— 9.2%	237—0.4%
County Boroughs...	12,168—10.8%	78,475—69.4%	20,083—17.8%	2284—2.0%
Boroughs.....	2,311—14.0%	11,817—71.5%	2,211—13.4%	187—1.1%
Urban Districts....	2,163—14.7%	10,036—68.1%	2,272—15.4%	262—1.8%
	23,387—11.6%	145,504—72.1%	29,834—14.8%	2970—1.5%

The classification adopted in Dunfermline, Scotland, is rather arbitrary and lacks precision. It segregates the children into four groups as given in the headings of the above table and designates their nutritional state as: 1. Excellent, 2. Normal, 3. Below Normal, and 4. Very Bad. The application of this scale, imperfect though it be, has helped to bring out certain important aspects of the problem and to center the attention of the medical inspectors on the nutrition of the school children.

In his comprehensive analytical study of the "Health and Physique of School Children," which comprises 800,000 English children, Arthur Greenwood, of the School of Economics of the University of London, points out that the estimate 10 per cent. of the school children of England suffering from malnutrition is undoubtedly a very conservative figure. From one-sixth to one-fifth of the children would probably be found to be suffering

from some degree of malnutrition if a uniform standard of gauging the condition were established. "Where the percentage that the standard of nutrition adopted has been somewhat low, and that, taking the country as a whole, not merely 10 per cent., but probably a number approaching 20 per cent. show perceptible signs of malnutrition."

3. Conditions in New York City.—The condition of malnutrition among the school children of New York City is not different from that prevailing in England as far as the available data indicate. The following table shows that the proportion of children discovered to be suffering from malnutrition has increased as the attention given to that condition by the medical inspectors has become more pronounced.

Beginning in December, 1915, the Dunfermline classification was applied to New York City and the nutritional condition of each child was recorded upon physical examination. Immediately the percentage of cases falling into groups 3 and 4 of the Dunfermline scale increased almost threefold. About 16 per cent. of the children were found to need either supervision or medical treatment. For the first nine months of the present year the per cent. of malnourished was put down as 10. On the basis of this lower figure there are, in New York City, over 100,000 elementary school children in need of attention on the score of undernourishment.

MALNUTRITION AMONG NEW YORK SCHOOL CHILDREN.

Year.	Number Found to Be Suffering from Malnutrition.	Number of Physical Examinations Made during Year.	Per cent. of Malnourished.
1909	7,249	231,081	3.1
1910	8 691	266,426	3.3
1911	5 845	230,243	2.5
1912	8,303	287,469	2.9
1913	13,991	330,179	4.2
1914	16,181	308,595	5.2
1915	17,800	278,174	6.4
1916, Queens excluded.	31,790	203,366	15.6
1917, first nine months.	21,269	224,963	9.9

The diagnosis of malnutrition in the New York public schools is made entirely without reference to the relation of weight to

age of the children. The rules of the Bureau of Child Hygiene specify that in recording health conditions of school children weight should be taken into account, but with few exceptions our public schools are not equipped with scales. The only schools supplied with scales are those which maintain fresh-air classes. The scales are invariably located in the open-air class-rooms and are not readily accessible. Moreover, they have not been adjusted for many years and are not used in conjunction with the routine physical examinations. All malnutrition records, therefore, must of necessity be based exclusively on the well-recognizable clinical symptoms. In this connection it may be of interest to quote from a recent article by Mr. Frank A. Many of the Association for Improving the Condition of the Poor, relating to a series of examinations of the same group of children made independently by three physicians. He says that although "ordinarily nutrition is one of the least agreed upon of defects, the results showed greater agreement than in the case of bad teeth even, and much greater unanimity than was given to tonsil and nasal breathing defects." As was to have been expected, the agreement was more pronounced in the cases of defective nutrition than in the superior nutrition group.

4. Causes of Malnutrition.—The causes of the large prevalence of malnutrition among school children can be divided into two groups: external and intrinsic. In the first group would come unpropitious environment, poverty, ignorance and bad domestic management; in the second would fall digestive, respiratory and circulatory disablements and also those arising from bad heredity.

A. Environmental Causes.—The unhygienic mode of living in many of the families among the uneducated classes, together with an utter ignorance of proper dietetics, are in a large measure responsible for the devitalization of the children. In many homes the children are given tea, coffee and beer and the general diet is not properly balanced. They eat at irregular hours and do not masticate the food properly. They do not have proper supervision, getting to bed late and sleeping in ill-ventilated rooms. In the 1916 Report the General Medical Officer of the Board of Education of England draws attention to "The ill effect of too

little sleep on the nutrition of the child," and states that some school doctors consider that "the Daylight Saving Act has operated injuriously in this respect by reducing the sleep of children in some places by approximately one hour."

Several years ago at the International Congress on School Hygiene, Dr. I. O. Woodruff presented the results of a careful study of the problem in connection with the children in the fresh-air classes of New York City, which was undertaken in co-operation with the Committee on the Prevention of Tuberculosis of the Charity Organization Society. "The study of the home conditions," to quote the report, "has failed to show that either poor economic or hygienic conditions are a potent factor in determining either the degree of malnutrition and anemia or the progress of the child in the fresh-air class." The conclusion of the study was that until more scientific evidence has been established malnutrition will have to be considered "as due either to individual susceptibility or to some other factor not yet determined." Families having the same income and the same number of children vary greatly in their nutritional state. Ignorance and bad domestic management, which frequently prevail among those having low incomes, as well as bad habits of living, have indubitably a great deal to do with the existing nutritional debilities.

Within the last few years England has shown an appreciable improvement in the degree of nutrition of the children, as indicated in the diminished need of school feeding, which is accounted for by the improvement in the economic status of the wage-earning population. The following table shows the decline in the extent of school feeding:

Statistics of Meals Served to School Children in England and Wales.

School Year.	Total Number of Children Fed during Year.	Total Number of Meals Provided during Year.	Cost per Meal in Pence.
1912–1913.....	358,306*	19,001,729	2.32
1913–1914.....	156,531	14,525,593	2.42
1914–1915.....	422,401**	29,560,316	2.47
1915–1916.....	117,901	9,930,074	4.10
1916–1917.....	63,939	5,781,589	5.48

* This large number was partly accounted for by the coal strike of 1912.

** This increase is due to the needs which arose at the outbreak of the war.

The Chief Medical Officer of the Board of Education of England and Wales attributes this decline to the fact that "there was a great increase in wages associated with the rapid increase in employment."

Housing.—Housing is another physical element which is frequently spoken of as having a bearing on the growth of children. It is exceedingly difficult to establish a direct correlation between housing and malnutrition, as the housing influence cannot easily be separated from the other conditions which accompany it. Congestion is usually associated with a number of other unpropitious circumstances. Similarly, spaciousness of home usually means higher economic and other standards. The factor of housing cannot be dissociated from the accompanying conditions and it is, therefore, impossible to gauge its single influence accurately.

B. Intrinsic Causes.—The second group of causes—intrinsic—are either entirely unrelated to or only partially dependent upon the external causes. Some of the debilitating factors, such as chronic absorption from diseased tonsils, decayed teeth or obstructed nasal breathing, can easily be remedied, as can also some respiratory or digestive disturbances.

There is, however, another group of factors arising from some obscure disease or physical defect which cannot readily be alleviated. Then, too, the influence of heredity must be considered in making provisions and plans for meeting the malnutrition problem in a medical way.

5. Agencies Dealing with the Problem of Malnutrition.—A. Clinics for Malnourished Children.—The group of children who suffer from malnutrition as a result of bad habits of living or a deficiency of proper food is of considerable size. The children in this group present all the symptoms of malnutrition and yet suffer from no definite clinically recognized disease. With them diet is the main thing at fault. Several of the clinics in New York have recognized this fact and endeavored to deal with these children in the way best fitted to meet their condition, namely, through the education of the parents or guardians as to their needs. The results of the educational efforts have been very encouraging.

In the Bellevue Clinic, Dr. Charles Hendee Smith has been able to report that 66.5 per cent. of the children have gained two and a half times the expected weight rate for their ages during the first six months of treatment. The children are given repeated physical examinations at certain intervals, and carefully prepared charts are kept to indicate their progress under certain prescribed conditions of diet and routine of living. In order to follow up the cases in their homes to see that the rules are observed, a social worker is attached to the clinic. Upon the interest of the physicians and the frequency of home visits and the tact of the social worker depends the success of the treatment. The children are assembled in groups at the clinic and are stimulated to an active interest in the charts marking the progress or retrogression in their weight. A healthy concern in their own welfare has been awakened, and no tendency toward introspection has been observed among the children.

The group method of handling these cases seems to be the most successful and economical, and by a more general extension of it in the dispensaries of the city beneficial results can be obtained in a very large number of cases. By exhibits and spoken word the parents are instructed in the proper care of children and in their dietary needs and the response is gratifying in the majority of instances. This suggests the desirability of having parents present at the schools when the school medical inspectors make the physical examinations of the children. The educational value of the physicians' instructions cannot be overestimated and the success of such a procedure has been fully demonstrated in England in connection with medical school inspection.

B. Fresh-Air Classes.—The fresh-air classes have been going through the experimental stage for a number of years and received special impetus in 1915. While there were 726 children receiving instruction in these classes in 1914–1915, the number increased to 1830 in the following year, 1915–1916. In view of the fact, however, that there are only about 75 of these classes in the greater city, the number of children receiving treatment at the present time constitute only a small percentage of those whose condition would warrant instruction in such classes. The further exten-

sion of these facilities was hampered for a time by the difficulty of securing arrangements for the provision of meals which were given to the children. To expedite the development of the movement, the Committee on the Prevention of Tuberculosis of the Charity Organization Society has recently abandoned the practice of providing the children with food in the morning. Another reason which prompted the Tuberculosis Committee to do away with feeding was the high cost of the service and the discovery that many parents neglected to provide the children with breakfast when they knew that the children would be given a meal at school.

It will be noticed that the cases of malnutrition in the fresh-air classes constitute a very large percentage of the total number of children thus being cared for. In 1914–1915 there were 312 malnutrites out of a total of 726 children; the following year the percentage was still larger as there were 819 out of an enrollment of 1,830. In view of the large prevalence of malnutrition in our school population it is evident that the number of fresh-air classes should be multiplied a hundredfold and should be established in connection with every public and parochial school.

C. School Lunches.—Another remedial measure of established usefulness is the lunch service in the public schools. The service was inaugurated several years ago in one or two schools in Manhattan by a small group of interested persons and afterward taken over by the Association for Improving the Condition of the Poor with the distinct intention of getting the service well organized and later inducing the city to undertake it as a part of the regular school program. This is still the policy of the association. The New York School Lunch Committee exercises control over the lunches in the public schools of Manhattan and the Bronx, and there is another committee to take care of the school lunches in Brooklyn.

The New York School Lunch Committee maintains the lunch service in 35 elementary schools situated in the more congested parts of Manhattan and the Bronx, and proposes to enlarge it as soon as additional funds are raised for the purpose. About 20 per cent. of the children in the schools where the services have been instituted avail themselves of the lunches. The service is

operated at a loss. The money paid by the children covers only the cost of food. The deficit is met partly by an allowance from the fund donated to the Association for Improving the Condition of the Poor by Mrs. E. M. Anderson for social welfare, and in part by voluntary contributions of persons interested. The city contributes the necessary space, and also the equipment. Formerly each school had its own kitchen, but it has been found more economical to prepare the food in central kitchens and distribute it by trucks. At the present time there are four central kitchens, one capable of supplying fifty schools, located in an abandoned school building at Delancey and Tompkins Streets, and three small ones located in other sections of the city. Two automobile trucks distribute the food.

The food served to the children is examined as to its quality, and is prepared under carefully supervised sanitary conditions. The menus are prepared by a trained dietitian. Before a dish is authorized the dietitian must be satisfied that it does not offend religious or racial prejudices, that it is not below the desired standard of food value, and that the essentials of proper balance of constituents are maintained in the preparation of the food. The children are free to select the foods, but all must buy a bowl of soup before they can obtain anything else.

In the following table are some of the combinations of food which the children were able to purchase several years ago at a cost of three cents. Now this same combination costs six cents.

The school-lunch experiment in New York has fully demonstrated the value and possibilities of a rationally organized service for the benefit of school children. It has been successful as far as it has gone, but owing to the limitations imposed by the lack of adequate funds it has not been extended to as many schools as it should have been, in the best interests of the children.

There is a need of maintaining the lunch service in 100 of the 248 public schools of Manhattan and The Bronx. This would mean providing equipment for 65 additional schools. The cost of such equipment is about $500 per school. In addition, four new central kitchens would probably be required and at least two additional automobile trucks. Funds would have to be pro-

	Calories per Portion.		Calories per Portion.
Green pea soup	128.31	Vegetable soup	85.00
Bread, 2 slices	200.00	Egg sandwich	236.00
Apple sauce	108.57	Rice pudding	108.76
	436.88		429.76
Cream of barley	120.47	Clam chowder	82.00
Cheese sandwich	250.17	Butter sandwich	247.25
Chocolate pudding	101.50	Jelly tarts	83.85
	472.14		413.10
Macaroni and tomato	105.29	Bean soup	111.27
Apple jelly sandwich	240.17	Bread, 2 slices	200.00
Cocoa	100.00	Prunes	180.00
	445.46		491.27

vided to pay the wages of the 250 lunch and kitchen attendants, cooks, drivers, and overseers. The installation of the lunch services in the additional schools, the equipment of the new central kitchens, and the buying of two new trucks would probable mean an outlay of $80,000. The cost of personal service would amount to over $100,000 annually. To this should be added the cost of upkeep and repairs and the rental charges for the central kitchens. It is highly improbable that with the present high prices of foodstuffs the penny contributions of the children could do more than cover the cost of food. All the other expenditures of the service will have to be met by tax funds, if the city decides to make it a part of the school organization.

D. Baby Welfare Stations.—Realizing that a great deal of malnutrition is due to ignorance, early in 1917 the Health Department of the city determined to furnish the mothers registered in the Baby Welfare Stations with practical instructions in cooking cereals and other foods and with advice as to how best to utilize a dollar's worth in buying wholesome and nutritious food. The nurses of the Baby Welfare Stations were given preliminary instruction by dietitians, and afternoon classes were started in the Milk Stations. The response is reported to be very encouraging.

The women come regularly, and contribute small amounts to a fund for the purchase of the materials. The cooked foods are divided among them and taken home. Through these classes many women learned for the first time the taste of cereals, as well as the method of preparing these foods. The demonstration cooking classes in other cities are reported to have gained similar success in enlarging the dietary of the people by introducing cereals.

E. Diet Kitchens.—To meet the demand for cheap cooked food in the poorer districts of the city, kitchens have been opened in connection with settlements and other organizations.

F. Fresh-Air Funds.—Another important agency which aims at upbuilding the children is the fresh-air funds and camps. Thousands of children are taken to the country or seashore during the summer for short periods, usually about twelve days. This excellent charity is doing very effective work in giving the children an opportunity to enjoy the benefits of fresh air and good food. The period of stay, however, is very short, especially for the children who are very much run down.

G. Education.—The importance of proper instruction in personal hygiene and right living as a powerful counterforce to malnutrition has been well recognized, and educational campaigns have been carried on along these lines by public and private agencies. Their efforts have thus far failed of tangible accomplishment in view of the inertia and strongly intrenched habits of the various groups composing our population. A great deal remains to be done in the educational field.

In this connection it may be of interest to refer to a study made by Mr. Frank A. Manny of a number of malnutrition cases in the Gramercy District. The study revealed the fact that malnutrition is more prevalent among children of native- than among children of foreign-born parents. It might be worth while to follow up these findings with a more extensive study and ascertain the reasons for the condition if it obtains generally.

Need of Co ordination.—If the various efforts which have been put forth to remedy the malnutrition condition among school children were properly correlated and directed, and if the cases were segregated according to a well-devised plan and the children

of the wasting type eliminated for treatment in hospitals, a maximum of result could be accomplished with a minimum of expenditure. At present the various efforts being put forth lack a proper measure of co-ordination. A representative committee of the most important organizations interested in the problem could probably undertake such a task to advantage.—

Abstract, "Medical Record," Feb. 23, 1918.

* * *

THE STANDARD OF CHILDREN'S COURT WORK.

By George Everson.

I remember once when a boy in the country how close my brother and I came to being taken to the country jail because we threw mud at the mail box of an old woman who came under the ban of our boyhood dislike. We would have gone to jail if my father had not bought the old woman off. This was typical of what might have happened to any child in the country at that time if he transgressed the laws of the land.

The old standard of justice to children could be summed up as follows: The criminal law was there. Children had broken it. They were, therefore, criminals and must be treated as such. If they were herded in with strumpets, thieves and pickpockets in the morning's catch to be tried before the magistrate it was done because that was the way criminals should be handled. These children were criminals, we must treat them thus. The scared shell of custom had hardened around our treatment of delinquents. It demanded an eye for an eye—a punishment for an offense—no matter if a life were ruined or a soul blasted in the process. People shook their heads solemnly and maybe they quoted scripture and it never once occurred to them to use Christian common sense.

Today it is unthinkable in our cities at least that a child should be sent to jail. Any magistrate or justice in the Children's Court guilty of such a commitment would call down upon his head such public protest as would effectively bring an end to his official career.

It was only about fifteen years ago that this change in the treatment of delinquent children came about in the public mind.

As by common consent in the various parts of the country efforts sprang up to establish children's courts separate from those in which adult criminals were tried. It is difficult to say where the first children's court was organized. The New York Children's Court was established in a building separate from the adult courts in 1902. The children's courts in Chicago, Boston, and in some other cities either antedated this court or followed immediately after.

For some years the children's courts by the method of trial and error have been correcting and developing the standards of their work. Many experiments have been tried and found wanting, but in it all there has been the guiding genius of common sense and it seems that we have arrived at a fairly good standard of work with the delinquent children and that sound ideals are gradually being established as the goal and aim of our juvenile courts.

It is our purpose to outline the standards which the children's courts have set for themselves and their work.

The first essential for a children's court is that it be entirely separate from adult courts.

In New York City the children's cases were originally tried in the Court of Special Sessions in the same room in which adult criminals were brought. In 1902 the children's court was made a separate part of the Court of Special Sessions and children's trials were heard in a separate building. However, the same judges who tried adult criminals still sat in the children's court, and the children's court was under the administrative control of the adult courts. In 1912 special judges were assigned exclusively to children's court work. In 1915 through legislation fathered by the Committee on Criminal Courts the Juvenile Court was made a separate division under the control of five justices appointed by the mayor to the children's court bench. By this law the children's court is made its own master, responsible only to the five justices who hear only cases of children. It would be difficult to measure the vast improvement in the handling of the work in the children's court brought about by this change.

Other courts that have achieved the same or broader independence have experienced the same change for the better.

The second essential for an effective children's court is largely dependent upon the first. This is the establishment of a method of court administration best suited to save rather than punish the child delinquent. The point of view of the children's courts must be entirely different from the attitude taken relative to adult, hardened criminals. This point of view is well summed up in the New York Penal Code, where it is stated that children are not to be convicted of crime but are to be adjudged delinquent children in need of the care and protection of the state.

These two fundamental principles, a separate children's court and a method of court administration best suited to save the child delinquent, imply the development of an entirely new standard of work and methods of dealing with children.

Let us outline some of the standards that are definitely established.

The first and perhaps the most essential step is the formation of a consistent, judicial policy by a trained judge who has been especially assigned to handle children's cases and children's cases alone. This has been done in the courts of the larger cities.

It is often found essential to detain the child in the custody of the court while investigation is being made. It is frequently necessary to detain children for a short time before the case is heard at all. It is therefore necessary to provide a proper place of detention for children awaiting the decision of the courts. Many cities and smaller communities have provided their courts with proper detention homes constructed along most enlightened lines. For the larger cities the Chicago Detention Home stands out prominently. The detention home presided over by Mrs. West at Memphis, Tennessee, has much that is ideal in arrangement for small cities and communities. The detention home in Newark, New Jersey, is the newest and perhaps the most complete of all. In this place of detention, while the probation officer is out in the field finding out the essential facts regarding the environmental and family conditions, the physician and psychologist are doing their part. Here proper physical examination is made

and a measure of the child's mental capacity is taken, particularly if there is any doubt as to the child's normality. This, of course, has entailed the establishment of a clinic, but this clinic is not necessarily elaborate. Where funds are not provided for paid physicians volunteer service is generally obtained.

After all the preliminary work has been done and the child is again brought before the court for final disposition the judge's hands are tied unless adequate means are at his disposal for bringing the child back to normal living. First and most important among these is a trained, devoted and intelligent staff of probation officers to exercise supervision over children who can possibly be brought back to a wholesome life without resort to institutional commitment.

Chicago has a staff of seventy probation officers attached to the Children's Court. New York has sixty.

The probation officer is the good Samaritan of the court. He is a combined employment agency, minister, teacher and friend to the probationer. To be successful he must possess the qualities of tact, generous sympathy, forbearance and kindliness with a proper mixture of severity and authority. It is his duty to exercise helpful, constructive and authoritative supervision over the children that are in his charge. Experience has shown that in so far as possible probationers should be placed in charge of probation officers of the same religious faith.

The probation officer returns the child to his home and builds up around him the proper influences for better and more wholesome living. His work is preventive in that he seeks to avoid further lapses into delinquency and is constructive in that he tries to lay the foundations in the child's life for good citizenship.

As the children's courts developed probation became more and more important until now it is recognized to be the surest as well as the most economical means of reformation.

Judge Hoyt, presiding justice of the New York Children's Court, has often stated that it is the consistent policy of the court through probation to save the child from institutional commitment in every possible case. This is the consistent policy of all our best courts. Probation is the hand of the court extended to

help the children along the road to better things and save them from institutional life. It is used to the fullest extent in the courts that are properly performing the work for which they were established.

The children's court must be housed in a building properly equipped for the business in hand. The new Children's Court Building for Manhattan in New York City is perhaps the best and most thoroughly equipped of any. It was dedicated about two years ago. It has an air of substantial wholesomeness and conveys to those who frequent it a feeling of the dignity and kindliness of justice. There are pleasant, sunny, sanitary rooms for the detention of children during the day while waiting the court's action. There is a nursery for the smaller children and a rest room for the distracted mothers who often become hysterical and need a place in which to be alone and quiet. Provisions are made for a waiting room separate from the court room where people having business with the court can wait until their cases are called. The court room itself is small and in so far as is compatible with public policy the general public is excluded and only those directly interested in the case in hand are allowed in the court room itself. This is necessary to protect the children from unnecessary shame in some cases and to prevent the satisfaction of brazen pride in others that is occasioned by a baldly public hearing.

Proper quarters are provided for the probation department. There is an adequate complaint room and rooms for the clerical staff of the court and for the proper filing of records.

One of the most essential parts of the administration of our most progressive court and yet one of the most difficult to obtain is a proper system of records. Even after it is once established it is most difficult to keep it up to standard from month to month. The probation records of individual cases are the most important. These records are very full and complete and give a clear picture of the case as it was found by the court and all the action taken by the court and its representatives of the probation department in the reformative process which is bringing the child back to normal life.

Almost as essential as the record of the individual case is the

report of the court to the community. The children's court is the community's court. It is its representative in handling delinquent children and the community has the right to know what is being done. Information of the court's activities is best given to the public through the medium of the annual report. Children's courts are recognizing this and there are now several scientific, interestingly written reports published. There is, however, yet much to be desired in the way of informing the public of the work of the court.

Not only does the children's court and its probation department find it necessary to co-operate with volunteer workers, but it is essential to their work that they enlist all the organized agencies of the community to help them in preventive and constructive work. First among these agencies are the schools. No good probation work can be done with a child in school unless, as is the case in New York, the probation officer has the confidence and active help of the child's teacher and of the school principal. The best standard of work is reached where from time to time conferences of school teachers and probation officers are held.

As we have said before, it is preferable if the probation officer in charge of a child is of the same religious faith as the child's family. In New York this preference is stated in the law. This enables the probation officer to have the co-operation of the church. The church and religious influences ought to be the most potent factors in reformation. The religious appeal is perhaps the strongest that can be made in the formation of better ideals and in implanting in the child's life the deep and abiding principles of right living. The probation officer worthy of the name at all times seeks the help of the priest, the minister or the rabbi, as the religion may be. Church clubs and the Sunday School are used to the utmost. The help of social settlements and other community centers are enlisted in the same manner. The juvenile delinquent is a problem of the whole community and our best courts are bringing all of the agencies of the community to the help of the boys and girls who need it.

This leads us to the best work that is being done, that is, the preventive work. The children's court is a sort of thermometer registering the goodness or badness of the community. When

evil influences are creeping into a neighborhood the results are registered in the children's court. It is, therefore, in a peculiar position in its relation to the community. If the conditions that are reflected there are properly brought before the community the children's court can be made the most valuable agency for preventive work. The ills of the community are perhaps best diagnosed here, and here without question should begin the movement for preventive work. The judges and the probation officers in our best-developed children's courts have found this out and spend no little part of their time and their thought in plans and activities for preventive work.

A recent book has been written by Dr. William Healy, formerly Director of the Psychopathic Institute of the Chicago Children's Court. He has called his book "The Individual Delinquent." The title is most significant. The juvenile courts are coming to feel that each case coming before them must be treated individually. There is no set rule to go by. Each case is a different problem. There is no hard and fast rule as to when a child should be committed or when he should be placed on probation.

The infinite patience of some of our courts and their probation officers in their help of the stumbling, erring, misguided children recalls to our minds the injunction of the Great Master of love and helpfulness, when asked how many times we should forgive, replied: "Seventy times seven." In the life of each child there are infinite numbers of different influences that must be studied and worked with and overcome. The best standard of children's court work recognizes these individual differences, studies them and treats each case as a special charge to be worked with in a special way. Among the children who come before the courts each has a personality for development or for ruin. It takes patience, persistence, sympathy and kindly helpfulness to make the best of the misguided life. It requires the best thought of all of us to in any way approach a proper standard for children's court work that will make the most of the infinite possibilities that are found in the lives of the children that are placed in the custody of the court.—

Abstract from "Journal of Criminal Law and Criminology," May, 1918.

WAR PROBLEMS.

"The supreme test of the nation has come. We must all speak, act and serve together."—WOODROW WILSON.

Under the editorial supervision of Elizabeth L. Martin, M.D.

The unexampled war now raging is responsible for innumerable problems in medico-sociology. The problem of the prisoners in German hands has now a personal interest to us in the United States and while we should be thankful for the assurance on the part of Germany that the American prisoners will be treated the same as other prisoners of war, the comfort in the statement is only a negative one, as all reports of the investigation of the treatment of prisoners by the German Empire agree in this that undue hardships are imposed upon the prisoners, not among the least of these is the character and quantity of food served. It is therefore gratifying to know that our Red Cross is endeavoring to minimize this lack of food not only by providing rations for the actual prisoners, but to store emergency parcels in the prison camps to anticipate if possible an arrival of prisoners in the camp.

* * *

The problem of insufficient food and unsanitary conditions in the place of abode is not confined to prisoners alone. The frightful conditions of the prison camps are to be found in much more exaggerated forms among the non-Mohammedan peoples of the Kingdom of Turkey. Now that Great Britain has secured possession of Jerusalem and much of the surrounding territory, opportunity is afforded for the relief of the Christian and Jewish population; of which again the Red Cross is availing itself, supplementing, and co-operating, let us hope, with the American Committee for Armenian and Syrian Relief that has been doing so much for these people even under Turkish rule. The initial work of the Red Cross will be the establishing of Medical Units to combat typhus, cholera and other prevalent diseases.

These two efforts, while having certain conditions in common, present different social problems. If the prisoner survives to be released, his physical and mental condition will have effect upon his social condition in social relations when he is returned. While the inhumane treatment by the Turks has produced a condition that makes entire social revolution necessary before social order can again be restored, and material for the solution of both problems should be gathered along with the pure relief work of greater importance at the present.

* * *

What a tempest a little misinformed and misplaced zeal can arouse. In the course of the care for the health of the Allied Armies unusual opportunity offered itself for research work as to the nature of some of the more prevalent diseases for the purpose of immediate benefit to the members of the Army by the institution either of preventive measures or of improved methods of treatment. These researches involved the employment of animal experimentation at which at once the "anti-vivisectionists" —who think the saving of the lives of a hundred men is not worth the sacrifice of a single guinea-pig—made their usual protest. It so happened that when the experimentations were found to be necessary, the Red Cross was appealed to for funds to bear the expense of the work and it was condemned by these remonstrants for so doing. As the neurotic clamor of these people might retard seriously the contributions that must be given to the Red Cross to carry on its work, it looked as if it might be a serious matter, but some friend has cut the Gordian knot. He has agreed to refund to the Treasury of the Red Cross the amount expended by it in the experiments and to assume the charges necessary to carry on the work; so that the beneficient work will not cease and the Red Cross be freed from attack.

* * *

We are glad to see that the Red Cross has arranged for the furnishing of life, health and accident insurance to its own workers abroad who are not eligible to the benefits of the Government

War Risk Insurance. Foreign workers are to receive without medical examination a thousand dollar insurance, with sickness and accident payments and may have the privilege of paying for additional insurance up to four thousand dollars at the regular rates. The Red Cross is assuming the War Risk Premium.

* * *

Licentiousness and drunkenness have been the great banes to armies for centuries back, altho the great damage wrot by them to the soldier's physique has not been recognized until recently. One of the bright sides revealed in the present war is the persistent effort making to eliminate these dangers from the trooper's life. The War Department Commission on Training Camp Activities has constituted the social hygiene division to operate in three sections: (1) A military section for the education of men in camps; (2) a section on work with men in camp communities and industrial centers; (3) a section on work for women and girls in camp communities and industrial centers thruout the country. This third division is under the supervision of Dr. Katherine B. Davis, of New York. To assist her in this work she has solicited the co-operation of the Young Women's Christian Association who, thru the Bureau of Social Morality, organized under the War Work Council of the National Board will continue its program in co-operation with the section. This bureau will greatly enlarge its lecture staff in an effort to cover the country as thoroly and rapidly as possible. The work of the lectures will be supplemented by distribution of literature and other means. The efforts will not be confined to camp communities, but will be included in industrial centers also.

* * *

Among the many medical problems brot about by the war is the discovery of a new disease known as Trench Fever. The disease has been diagnosed and studied clinically by the British Army Surgeons. They have also carried on some investigations as to the etiology of the disease and their conclusions point to it being a parasitical disease. The parasite living in the red cor-

puscles of the blood with the body louse as the intermediary host and carrier, thus resembling malarial fever, but the micro-organism is unfilterable in this resembling Yellow Fever. The paucity of doctors in the British Medical Service preventing their carrying on their researches and an appeal was made to the American Medical Corps to continue the investigation. As the disease is self-limited, rarely fatal and leaves no unpleasant sequels, the Americans are carrying on an investigation similar to that on Yellow Fever in Havana shortly after the Spanish-American War. Sixty men were selected from the many volunteers upon whom the experiments are made in an endeavor to determine the natural history of the disease. As men are employed for this investigation, the probabilities are it will receive no remonstrance from "the lovers of animals" unless indeed, exception be made by them to the employment of the louse.

* * *

The spirit of the time is evidenced in the present war. First, by accepting recruits with imperfect vision which can be brot up to normal by the use of lenses and secondly, by the organization of optical units in connection with the Base Hospitals. These units under the direction of an expert fitter are supplied with standard frames and an assortment of lenses enabling those in the army who require optical aid to have the proper lenses adjusted accurately and with promptness.

FROM THE FIELD.

The National Dry Federation, under the presidency of Mr. William Jennings Bryan, has been making a drive to "save the waste and win the war." The waste will be the use of grain in the preparation of malt beverages. Apart from the consideration of prohibition in these days when every household is restricted in the use of grain, it would seem that consistency should demand the conservation of the grain now used in making beer. It can be used for better purposes or to put it milder, a greater proportion of the nutritive factor of the grain can be secured. Looking at it from another standpoint, the restriction of manufacturers of articles not necessary for the carrying on of the war in order to release labor for the war industries should be applied to this industry also and liberate labor employed in the manufacture of this substance of little use and which can be greatly abused for purposes more directly concerned in the conduct of the war.

* * *

The Sixteenth Annual Conference of State and Territorial Health Authorities with the Public Health Service was held in Washington on June 3 and 4. Important matters affecting the relations of the State and Federal health authorities to the conduct of the war were considered. Among these was the sanitation of extra-cantonment areas. Valuable reports were submitted showing the success of co-operative arrangements developed during the past year for preventing the interchange of disease between civil and military populations. The control of the more frequently occurring forms of communicable diseases also received careful attention. In addition to the strictly military problems, other topics of public health and industrial hygiene and sanitation were considered. Among which was the effects of public health of the forthcoming shortage in the medical profession.

We are indebted to Dr. C. E. Sawyer of Marion, Ohio, for a copy of his paper read at the last meeting of the Federation of the State Medical Boards of the United States, entitled "The Responsibility of State Medical Boards in the Present War Emergency."

While agreeing with Dr. Sawyer in the necessity of providing an ample supply of medical men both for army and civil life, we do not think the method suggested practicable or desirable. Not practicable, because the changes suggested would require radical changes in the laws affecting the practice of medicine in most of the states. Not practicable, because in effect it requires federal supervision of the police power of the individual states which is not permissible by the constitution. Not desirable, because it virtually requires a lessening of educational opportunities in suggesting "the medical service required by humanity generally and especially in the smaller communities where the needs are the commoner kind and where medical service is now being so hard to obtain. A reasonable fixed minimum standard should be sufficient to pass to the degree of doctor." Not desirable, because the suggestion for training seems to indicate that the educational processes should be rather that of learning a trade than acquiring a profession.

* * *

It is generally said that the practice of a specialty narrows the vision of the specialist, that in time every specialist comes to look at the entity of the body through the spectacles of his particular specialty, and that specialists claim they can cure the same diseases by the practice of their widely different methods.

In this statement by Dr. Kahn is to be found one of the chief reasons for the existence of the society like the American Academy of Medicine. It brings together men of different specialties in a common meeting when each man can present his views as tinctured by his specialty, so that the result is a composit picture unattainable in any other way.

C. M.

NOTES AND NOTICES.

Dr. Lucien Howe, of Buffalo, read a paper before the Section of Ophthalmology at the late meeting of the American Medical Association on "The Relation of the Hereditary Eye Defects to Genetics and Eugenics." The paper is but preliminary, further investigation on the subject which if continued in the same spirit and scientific method will aid to relieve some of the burden now plact upon heredity which in the heretofore careless use of the word is much overworkt.

* * *

The Annual Report of the Department of School Hygiene of the Board of School Directors of the City of Milwaukee for the school year ending June 30, 1917, is on our table. While largely statistical, it shows the variety of service that can be rendered by an active and efficient staff engaged in the health problems of a school. An efficient department of this kind is one of the most potent forces in the conservation of school children.

LITERATURE NOTES.

FIVE WAYS OF SAVING FUEL IN HEATING HOUSES. By HENRY KREISINGER. Price, 5 cents. Washington Government Printing Office, 1918.

This is a "Technical Paper" issued by the Bureau of Mines and as such we would expect the subject to be treated thruout in a scientific manner, but the very first paragraf uses figures based upon supposition and imagination with a resulting extravagant statement similar to those so much in vogue in current conservation literature. There is a scientific use of imagination, but it does not manifest itself in playing with statistics. The opening paragraf reads:

> This country faces a shortage of coal, and it is the patriotic duty of every citizen to save coal in heating his home. About 25,000,000 homes in this country are to be heated thru the winter. If everybody "does his bit," a ton of coal at each home can be saved easily during the winter. For the entire country this saving could amount to 20,000,000 tons of coal, which is nearly as much as all the coal mined in France during the present year.

Five ways suggested are:

1. Of the coal available in your market select the one that requires the least attention in burning. Under this head there is a very sensible discussion on the selection of coal.

2. Use an economical method of burning your coal. Under this there is excellent advice as to the methods of firing house furnaces showing the different methods to be employed according to the character of the coal used.

3. Keep your house temperature 62° to 65° F. instead of 72° to 75° F.

While the tendency is to have our rooms overheated, to make 65° the maximum temperature as a rule would cause much discomfort and bring about diminished vitality to very many.

4. Heat as few rooms as the comfort of your family will permit.

Why he makes the statement that "55 per cent. of the families in Berlin, Germany, live, sleep, eat and cook in the same room, living in three or four rooms may seem a comfort," except as a suggestion that we copy the German example and live in a single room for surely we would save coal by so doing.

5. By shortening the heating season as much as possible, by which he means start furnaces later in the Fall and do not run them so late in the Spring, for when a morning and evening are chilly a grate fire for a short time in one or two rooms will make the house comfortable. But, suppose the house has no grate, what then? In the Anthracite territory comparatively few houses have grates. We doubt that a house depending for its heat upon furnace fire burning anthracite that coal will be saved by letting the fire go out early in the year with the necessity of building a fresh coal fire two or three times because of a cold snap, instead of keeping a very low fire constantly until the summer is well establisht.

"Some Essentials of Sickness Statistics." By Edward W. Kopf.

This monograph considers the subject of sickness statistics, first, in the light of its historical aspects, which lead up to the discussion of sickness insurance as it applies to classified and limited disability, due to sickness.

The various diseases in type of registration, morbidity, fatality

and the method of enumerating sickness by census are very thoroughly discussed. The paper discusses special groups in a given population and the variety of conditions found, as well as in institution, army and navy in times of peace and times of war.

To the physician the discussion on general hospitals, special hospitals, sanatoria and dispensaries afford an opportunity to bring the subject of sickness statistics in intimate touch with the profession.

Public health nursing experience, as well as army and navy, surgical and sanitary service, offer an opportunity to consider the matter from the public health standpoint.

There is no subject at the present time that is causing more careful study than health insurance, which this paper considers at some length under that title, as well as under "Industrial Groups Under Medical and Insurance Observation."

The writer evidently considers that private medical practice affords an opportunity to investigate and record experiences, in which we agree, as from the various statistics afforded us in this brief discussion we are given the opportunity to compare statistics herein given as we found them in various other sources, namely, states that now have health insurance in operation.

The reference Bibliography suggests that exhaustive reading has been the basis of compilation of the foregoing facts and discussion.

With all, we commend this paper to those interested in the subject of workmen's insurance in sickness.

F. L. V. S.

HOUSEHOLD MANAGEMENT. By FLORENCE NESBITT, Director of the Food Conservation Section of the Cleveland Women's Committee of the Council of National Defense. Cloth, 170 pp. Price, $0.75 net. New York: Russell Sage Foundation, 1918.

Apart from the useful information contained in this volume, we like it because of the pleasant style in which it is written, because it does not deal with glittering generalities nor that ignis fatuus so common to writers on social subjects, the mis-

leading average, and because of the humanistic tone of the work. When illustrating a statement by citing an experience, it gives names to the persons involved rather than the impersonal case number.

It is another volume of the Social Work Series publisht by the Russell Sage Foundation. The purpose of the book is shown in the last paragraf of the introduction.

> The object of this little volume is to offer to the busy social worker whose specialty is family work and whose contact with burdened mothers gives her rich opportunities for spreading the gospel of right living, a translation of the principles underlying nutrition and the other arts and sciences connected with homemaking into terms of the simplest daily life. The characteristics of that daily life on the household management side will first concern us, then the stock of knowledge now at our command which can be applied readily to household conditions as we find them.

The reviewer can only add that it is well adapted to secure the object desired. C. M.

ACKNOWLEDGMENTS.

[It is intended to acknowledge all publications received since the issuing of the last number that are not otherwise noticed. The present list records the publications received (other than periodicals in exchange) from March 26 to May 26, 1918, inclusiv.]

This acknowledgment is considered a full return for the courtesy of sending us the publication. Additional notice will be given when space permits. Publications treating of medico-social questions will be given precedence in the fuller notice.

U. S. Bureau of Labor Statistics: Bulletin No. 217, Effect of Workmen's Compensation Laws in Diminishing the Necessity of Industrial Employment of Women and Children. Bulletin No. 225, Wages and Hours of Labor in the Lumber, Millwork, and Furniture Industries, 1915. Monthly Review, Vol. VI, 4, Apr. 5, May, '18.

Proceedings of the Second Industrial Safety Congress of New York State

Annual Report of the Health Department of the City of East Orange, New Jersey.

Third Annual Report of the National Committee for the Prevention of Blindness.

Report of the Commissioner of Health of Porto Rico, 1917.

Twelfth Annual Report of the President and of the Treasurer of the Carnegie Foundation for the Advancement of Teaching

The Crusade of the Wisconsin Anti-Tuberculosis Association, March and April, 1918.

News Letter of the National Committee for the Prevention of Blindness, April, 1918.

Bulletin of the National Organization for Public Health Nursing, iii, 2, Mar., '18.

The Rockefeller Foundation; A Review of Its War Work, Public Health Activities, and Medical Education Projects in 1917. By George E. Vincent, President of the Foundation.

Annual Report of the United Fruit Company Medical Department, 1917.

Sickness Insurance or Sickness Prevention. By the National Industrial Conference Board, Mass.

A County at Work on its Health Problems: A Statement of Accomplishment by the Duchess County Health Association during the Sixteen Months, August, 1916, to December, 1917. By Jospeh J. Weber, Executive Sec'y, Committee on Hospitals State Charities Aid Association.

Lilly's Scientific Bulletin, Research Department of Eli Lilly & Co., Pharmaceutical Chemists, Series 1, No. 9, April, 1918.

The Need for National Efficiency. By Otto H. Kahn, New York.

INSTITUTIONS OF LEARNING.

California: University of California, announcement of Summer Session, June 24–August 3, 1918; Dept. of Greek, Announcement, 1918–19; Whittier State School, Dept. of Research, Bull. No. 7, May, 1918. *Connecticut:* Yale University, Cat. 1917–18; Report of the President, 1916–17. *Illinois:* Northwestern University Bulletin, Annual Catalog, 1917–18; Wheaton College, Bull xvii, 2, April, 1918. *Iowa:* Parsons College, Bull. xvii, 7, April, 1918. *Massachusetts:* Clark University, Reg. and 30th Official Announcement, 1918; Harvard University, Cat. 1917–18. *Michigan:* Hillside College, Bull. xiii, 1, April, 1918. *Minnesota:* Carleton College, Bull. xiv, 3, March, 1918. *Nebraska:* Bellevue College, Bull. xvi, 7, May, 1918; Doane College, Bull. ix, 1, Feb., '18; Cat. 1917–18; Announcements, 1918–19; University of Nebraska, Agricultural Experiment Station, Bull. No. 163; Research Bulletin No. 12. *New York:* Columbia University, Bull. of Information, No. 14, Feb., 1918. *Ohio:* University of Cincinnati, Record, xiv, 2, Part 1, 2, 3, 4, 5, April, 1918; Announcements, 1918–19; War Bulletin, March, 1918; Western Reserve University, Cat. 1917–18. *Pennsylvania:* Haverford College, Cat. 1917–18.

REPRINTS.

Acknowledgment is made of the receipt of reprints upon topics of medicine other than medical sociology from Doctors A. E. Ewing, St. Louis, Mo.; J. A. Lippincott, Monte Carlo; Edwin W. Kopf; B. Sherwood Dunn, Paris.

NOW READY

A new volume in the Medico-Social Problems Library

Medical Problems of Legislation

Cloth, Post-paid, five dollars

CONTENTS

(1) Our Social Readjustments and the Relation of the State to Motherhood and Children. By George A. Hare, M.D., Fresno, Cal.

(2) Legislation Regulating the Practice of Medicine, Preliminary and Medical Education. By N. P. Colwell, M.D., Chicago.

(3) Examination for License to Practice and Hospital Interneship. By John M. Baldy, M.D., Philadelphia.

(4) Legislation Creating Civil Positions for Physicians. By John B. McAlister, M.D., Harrisburg, Pa.

(5) Social Insurance against Accidents (Workmen's Compensation Laws). By Frederick L. Van Sickle, M.D., Olyphant, Pa.

(6) Health Insurance. By John B. Andrews, Ph.D., New York City.

(7) Unemployment Insurance. By Hon. Rufus M. Potts, Springfield, Ill.

(8) The Relation of Medical Benefits of Health Insurance to Existing Health Agencies. By B. S. Warren, M.D., Washington, D. C.

(9) The New York State Sanitary Code, How Enacted—Its Scope and Legal Status. By Hermann M. Biggs, M.D., Albany, N. Y.

(10) Interstate Sanitary Relations. By William Colby Rucker, M.D., Washington, D. C.

(11) The Drink Problem and Legislation. By John Koren, A.B., Boston.

(12) Legislative Protection of the People from the Evils of Patent Medicines and Medical Fakers. By F. F. Lawrence, M.D., Columbus, Ohio.

(13) Standards Applicable to Child Labor. By Helen L. Summer, Ph.D., Washington, D. C.

(14) Women as Wage-Earners. By Mrs. Florence Kelley, New York City.

(15) Housing Reform through Legislation. By Lawrence Veiller, N. Y.

(16) Medicine and the Industries. By George M. Price, M.D., New York.

(17) The Physically Defective. By E. O. Otis, M.D., Boston.

(18) The State and the Insane. By Richard H. Hutchings, M.D., Ogdensburg, N. Y.

(19) The Necessity for Medical Examination of Prisoners at the Time of Trial. By Paul E. Bowers, M.D., Michigan City, Ind.

Chloretone

A useful Hypnotic and Sedative.

CHLORETONE is indicated in acute mania, puerperal mania, periodical mania, senile dementia, agitated melancholia, motor excitement of general paresis; insomnia due to pain, as in tabes dorsalis, cancer, and trigeminal neuralgia; insomnia due to mental disturbance.

Chloretone is a useful sedative in such conditions as alcoholism, cholera and colic; in epilepsy, chorea, pertussis, tetanus and other spasmodic affections. It allays the nausea of pregnancy, gastric ulcer and seasickness.

Administered internally, **Chloretone** passes unchanged into the circulation, inducing (in efficient therapeutic doses) profound hypnosis.

Chloretone does not depress the heart or respiratory center. It does not disturb the digestion. It is not habit-forming.

Capsules: 3-grain and 5-grain, bottles of 100 and 500.
Crystals: Vials of 1 ounce.

Ampoules

Sterile, Convenient, Accurate.

SOLUTIONS IN AMPOULES have received the approval of the foremost physicians and surgeons of America and Europe. They have many advantages over solutions prepared in the ordinary manner.

1. They are ready for immediate use.

2. They are sterile.

3. The dose is accurate, a definite amount of medicament being contained in each milliliter of solution.

4. The drug is treated with the most suitable solvent—distilled water, physiologic salt solution, or oil, as the case may be.

5. The container is hermetically sealed, preventing bacterial contamination.

6. An impervious cardboard carton protects the solution from the actinic effect of light.

We supply upward of eighty ready-to-use sterilized solutions.

SEND FOR THIS BOOK.

Our "Ampoules" brochure contains a full list of our Sterilized Solutions, with therapeutic indications, descriptions of packages, prices, etc. It has a convenient therapeutic index. It includes a useful chapter on hypodermic medication. Every physician should have this book. A post-card request will bring you a copy.

Home Offices and Laboratories,
Detroit, Michigan.

Parke, Davis & Co.